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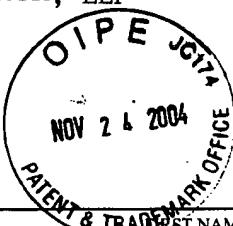
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02292 7590 08/26/2004

BIRCH STEWART KOLASCH & BIRCH, LLP
PO BOX 747
FALLS CHURCH, VA 22040-0747

11/26/2004 NNGUYEN2 00000132 09855822

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	LAST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/855,822	05/14/2001	Michael James	4450-0356P	9659

TITLE OF INVENTION: DECENTRALIZED SYNCHRONIZATION AMONG LOCAL TIMING CIRCUITS WITHIN DIRECTLY COUPLED TRANSPORT LOGIC IN A NETWORK ELEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330 1370	\$0	\$1330 1370	11/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WANG, ALBERT C	2115	713-500000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Michael R. Cammarata
 2. Daniel D. Tagliaferri
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CIENA Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Linthicum, MD

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 Publication Fee (No small entity discount permitted)
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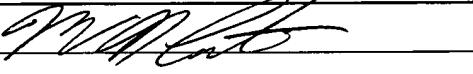
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form) (Herc.)

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date November 24, 2004

Typed or printed name Michael R. Cammarata

Registration No. 39,491

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